As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the Invention entitled: SURGICAL CLAMPING, CUTTING AND STAPLING DEVICE.

TO INSPECT

The specification of which [check one(s) applicable]	COPY OF PAPE
X was filed November 13, 2001 as U.S. Application No. 10/010,955; and was amended by Amendment filed (if applicable); [or];	WALLY FILES
is attached to this Declaration, Power of Attorney and Power to Inspect;	-co

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37CFR§1.56(a)].

CLAIM UNDER 35 USC §120: I hereby claim the benefit under 35 USC §120 of the prior United States application(s) listed below:

Prior U.S. Application(s)
Application Serial Number(s)

Day-Mo-Year

O9/324,451

6/2/99

Patent No.6,315,184

Insofar as the subject matter of each of the claims of the present application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose material information as defined in Rule 56(a)[37 CFR §1.56(a)] which occurred between the filing date of the prior U.S. application(s) and the national or PCT international filing date of this application.

POWER OF ATTORNEY: As inventor, I hereby appoint DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, PA, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Donald R. Piper, Jr., Reg. No. 29,337, and Henry H. Skillman, Reg. No. 17,352.

**POWER TO INSPECT:** I hereby give **DANN**, **DORFMAN**, **HERRELL AND SKILLMAN**, **P.C.** of Philadelphia, PA or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO:

DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.

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**Technology Center 2100** 

APR 0 9 2002

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR	SECOND JOINT INVENTOR (if any)
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